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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 107088588		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1		1		51		
2		1		1		1	52		
3		1		1		1	53		
4		3		3		3	54		
5		3		3		3	55		
6		3		3		3	56		
7		1		1		1	57		
8		1		1		1	58		
9		1		1		1	59		
10		1		1		1	60		
11		4		4		4	61		
12		5		5		5	62		
13		5		5		5	63		
14		5		5		5	64		
15		1		1		1	65		
16		1		1		1	66		
17		1		1		1	67		
18		1		1		1	68		
19		1		1		1	69		
20		1		1		1	70		
21		1		1		1	71		
22		1		1		1	72		
23	1		1		1		73		
24		1		1		1	74		
25		1		1		1	75		
26		3		3		3	76		
27		3		3		3	77		
28		3		3		3	78		
29		1		1		1	79		
30		1		1		1	80		
31		1		1		1	81		
32		1		1		1	82		
33		1		1		1	83		
34		1		1		1	84		
35		1		1		1	85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		2		2		TOTAL IND.		
TOTAL DEP.	60		60		60		TOTAL DEP.		
TOTAL CLAIMS	62		62		62		TOTAL CLAIMS		